

Established Patient: No

Vitals

| Date | Pulse (Beats/min) | B.P (mmHg) | Resp (Rate/min) | Temp (F) | Height (cms) | Weight (Kgs) | Body Fat Percentage (%) | Visceral Fat Level (%) | Body Age (Years) | BMI | Waist Circum (cms) | Hip (cms) | Waist (cms) | Waist & Hip Ratio | User |
|---------------------|----------------------|---------------|--------------------|-------------|-----------------|-----------------|-------------------------------|------------------------------|------------------------|-------|--------------------------|--------------|----------------|-------------------------|-----------|
| 21-02-2024 12:59 | 95 Beats/min | 97/66 mmHg | 18 Rate/min | 98.3 F | 172 cms | 73 Kgs | % | % | Years | 24.68 | cms | cms | cms | | AHLL03326 |

Established Patient: No

Vitals

| Date | Pulse (Beats/min) | B.P (mmHg) | Resp (Rate/min) | Temp (F) | Height (cms) | Weight (Kgs) | Body Fat Percentage (%) | Visceral Fat Level (%) | Body Age (Years) | BMI | Waist Circum (cms) | Hip (cms) | Waist (cms) | Waist & Hip Ratio | User |
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| 21-02-2024 12:59 | 95 Beats/min | 97/66 mmHg | 18 Rate/min | 98.3 F | 172 cms | 73 Kgs | % | % | Years | 24.68 | cms | cms | cms | | AHLL03326 |

Name: Mrs. Shanthi M
Age/Gender: 37 Y/F
Address: bangalore
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: HSR LAYOUT_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. MRIDULA V AMARNATH

MR No: CMAR.0000180304
Visit ID: CHSROPV301481
Visit Date: 21-02-2024 08:10
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mrs. Shanthi M
Age/Gender: 37 Y/F
Address: bangalore
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: HSR LAYOUT_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. KAVYA J

MR No: CMAR.0000180304
Visit ID: CHSROPV301481
Visit Date: 21-02-2024 08:10
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. Shanthi M
Age/Gender: 37 Y/F
Address: bangalore
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: HSR LAYOUT_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. AISHWARYA GUDIHAL

MR No: CMAR.0000180304
Visit ID: CHSROPV301481
Visit Date: 21-02-2024 08:10
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. Shanthi M
Age/Gender: 37 Y/F
Address: bangalore
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: HSR LAYOUT_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. VANITA VAISHNAV

MR No: CMAR.0000180304
Visit ID: CHSROPV301481
Visit Date: 21-02-2024 08:10
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. Shanthi M
Age/Gender: 37 Y/F
Address: bangalore
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: HSR LAYOUT_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. KARISHMA PATEL

MR No: CMAR.0000180304
Visit ID: CHSROPV301481
Visit Date: 21-02-2024 08:10
Discharge Date:
Referred By: SELF

Doctor's Signature

| | | | |
|---------------|-------------------|----------------|--------------------|
| Patient Name | : Mrs. Shanthi M | Age | : 37 Y/F |
| UHID | : CMAR.0000180304 | OP Visit No | : CHSROPV301481 |
| Conducted By: | : | Conducted Date | : 23-02-2024 18:19 |
| Referred By | : SELF | | |

- **:2D Echo Cardiography**
- **Chambers**

- Left Ventricle :Normal in size, **NO RWMA at Rest, LVEF : 60%**
- Left Atrium : Normal
- Right Ventricle : Normal
- Right Atrium : Normal

- **Septa**

IVS: Intact

- IAS : Intact

Valves

- Mitral Valve : Normal.
- Tricuspid Valve : Normal , Trace TR, No PAH
- Aortic Valve : Tricuspid, Normal mobility
- Pulmonary Valve : Normal

Great Valves

- Aorta : Normal
- Pulmonary Artery : Normal

Patient Name : Mrs. Shanthi M Age : 37 Y/F
UHID : CMAR.0000180304 OP Visit No : CHSROPV301481
Conducted By: : Conducted Date : 23-02-2024 18:19
Referred By : SELF

Ejection Fraction **60%** \rightarrow 50 %

IMPRESSION

- **NORMAL SIZED CARDIAC VALVES AND CHAMBERS**
- **NO RWMA'S AT REST**
- **NORMAL LV & RV SYSTOLIC FUNCTION LVEF – 60%**
- **NORMAL LV DIASTOLIC FUNCTION**
- **NO PERICARDIAL EFFUSION / VEGETATION / CLOT.**

Dr RAMNARESH SOUDRI
MD, DM (CARDIOLOGY), FSCAI
Consultant Interventional Cardiologist

Established Patient: No

Vitals

| Date | Pulse (Beats/min) | B.P (mmHg) | Resp (Rate/min) | Temp (F) | Height (cms) | Weight (Kgs) | Body Fat Percentage (%) | Visceral Fat Level (%) | Body Age (Years) | BMI | Waist Circum (cms) | Hip (cms) | Waist (cms) | Waist & Hip Ratio | User |
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| 21-02-2024 12:59 | 95 Beats/min | 97/66 mmHg | 18 Rate/min | 98.3 F | 172 cms | 73 Kgs | % | % | Years | 24.68 | cms | cms | cms | | AHLL03326 |

Established Patient: No

Vitals

| Date | Pulse (Beats/min) | B.P (mmHg) | Resp (Rate/min) | Temp (F) | Height (cms) | Weight (Kgs) | Body Fat Percentage (%) | Visceral Fat Level (%) | Body Age (Years) | BMI | Waist Circum (cms) | Hip (cms) | Waist (cms) | Waist & Hip Ratio | User |
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Established Patient: No

Vitals

| Date | Pulse (Beats/min) | B.P (mmHg) | Resp (Rate/min) | Temp (F) | Height (cms) | Weight (Kgs) | Body Fat Percentage (%) | Visceral Fat Level (%) | Body Age (Years) | BMI | Waist Circum (cms) | Hip (cms) | Waist (cms) | Waist & Hip Ratio | User |
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| | | | |
|----------------------------|-------------------|--------------------|--------------------|
| Patient Name | : Mrs. Shanthi M | Age/Gender | : 37 Y/F |
| UHID/MR No. | : CMAR.0000180304 | OP Visit No | : CHSROPV301481 |
| Sample Collected on | : | Reported on | : 21-02-2024 09:10 |
| LRN# | : RAD2242951 | Specimen | : |
| Ref Doctor | : SELF | | |
| Emp/Auth/TPA ID | : 363793 | | |

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER : Normal in size and echotexture.No intra hepatic biliary / venous radicular dilation.No focal lesion seen.CBD and Main Portal vein appear normal.

GALL BLADDER : Well distended. Normal in internal contents. Wall Thickness is normal.

SPLEEN : Normal in size and echotexture. No focal lesion is seen. No evidence of splenic hilar varices/collaterals.

PANCREAS : Only head and body visualized, appear normal.

KIDNEYS : Both kidneys are normal in size, shape and outlines Cortico medullary delineation is normal. No Hydronephrosis / No calculi.

URINARY BLADDER : Well distended. Normal in internal contents. Wall thickness is normal.

UTERUS : Normal in size and echotexture. Uniform myometrial echoes are normal. Endometrial thickness is normal and measures 8mm.

OVARIES : Both ovaries are normal in size and echotexture.
No free fluid is seen in the peritoneum.

IMPRESSION :

- **No Significant Abnormality Seen.**

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

Dr. M SONIA PAVANI
MBBS, M.D (Radio-Diagnosis)
Radiology

| | | | |
|----------------------------|-------------------|--------------------|--------------------|
| Patient Name | : Mrs. Shanthi M | Age/Gender | : 37 Y/F |
| UHID/MR No. | : CMAR.0000180304 | OP Visit No | : CHSROPV301481 |
| Sample Collected on | : | Reported on | : 21-02-2024 15:29 |
| LRN# | : RAD2242951 | Specimen | : |
| Ref Doctor | : SELF | | |
| Emp/Auth/TPA ID | : 363793 | | |

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Bilateral lung fields appear normal.

Cardiac size and shape are normal.

No mediastinal pathology is seen.

Both hila are normal in size and density.

Both CP angles are normal.

Both domes of diaphragm are normal.

IMPRESSION : NORMAL STUDY.

(The findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

Dr. M SONIA PAVANI
MBBS, M.D (Radio-Diagnosis)
Radiology

| | |
|------------------------------|--|
| Patient Name : Mrs.SHANTHI M | Collected : 21/Feb/2024 08:21AM |
| Age/Gender : 37 Y 8 M 1 D/F | Received : 21/Feb/2024 12:21PM |
| UHID/MR No : CMAR.0000180304 | Reported : 21/Feb/2024 04:06PM |
| Visit ID : CHSROPV301481 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 363793 | |

DEPARTMENT OF HAEMATOLOGY

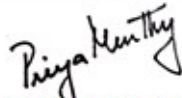
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|---------|-------------------------|-----------------|--------------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 12.6 | g/dL | 12-15 | Spectrophotometer |
| PCV | 37.10 | % | 36-46 | Electronic pulse & Calculation |
| RBC COUNT | 4.38 | Million/cu.mm | 3.8-4.8 | Electrical Impedance |
| MCV | 84.8 | fL | 83-101 | Calculated |
| MCH | 28.8 | pg | 27-32 | Calculated |
| MCHC | 33.9 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 15.2 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 6,660 | cells/cu.mm | 4000-10000 | Electrical Impedance |
| DIFFERENTIAL LEUCOCYtic COUNT (DLC) | | | | |
| NEUTROPHILS | 57.2 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 34.6 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 1.8 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 5.8 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 0.6 | % | <1-2 | Electrical Impedance |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 3809.52 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 2304.36 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 119.88 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 386.28 | Cells/cu.mm | 200-1000 | Calculated |
| BASOPHILS | 39.96 | Cells/cu.mm | 0-100 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 1.65 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 306000 | cells/cu.mm | 150000-410000 | Electrical impedance |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 20 | mm at the end of 1 hour | 0-20 | Modified Westergren |
| PERIPHERAL SMEAR | | | | |

RBCs: are normocytic normochromic



Dr. Shobha Emmanuel
M.B.B.S, M.D (Pathology)
Consultant Pathologist



Dr. Priya Murthy
M.B.B.S, M.D (Pathology)
Consultant Pathologist



SIN No: BED240044390

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

Address:
323/100/123, Doddathangur Village, Neeladri Main Road,
Neeladri Nagar, Electronic city, Bengaluru,
Karnataka - 560034

 **1860 500 7788**
www.apolloclinic.com

| | |
|------------------------------|--|
| Patient Name : Mrs.SHANTHI M | Collected : 21/Feb/2024 08:21AM |
| Age/Gender : 37 Y 8 M 1 D/F | Received : 21/Feb/2024 12:21PM |
| UHID/MR No : CMAR.0000180304 | Reported : 21/Feb/2024 04:06PM |
| Visit ID : CHSROPV301481 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 363793 | |

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

WBCs: are normal in total number with normal distribution and morphology.

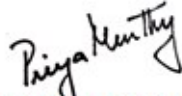
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



Dr.Shobha Emmanuel
M.B.B.S,M.D(Pathology)
Consultant Pathologist



Dr Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No:BED240044390

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Karnataka - 560034

 **1860 500 7788**
www.apolloclinic.com

| | |
|------------------------------|--|
| Patient Name : Mrs.SHANTHI M | Collected : 21/Feb/2024 08:21AM |
| Age/Gender : 37 Y 8 M 1 D/F | Received : 21/Feb/2024 12:21PM |
| UHID/MR No : CMAR.0000180304 | Reported : 21/Feb/2024 03:17PM |
| Visit ID : CHSROPV301481 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 363793 | |

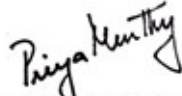
DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|----------|------|-----------------|-----------------------------|
| BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA | | | | |
| BLOOD GROUP TYPE | O | | | Microplate Hemagglutination |
| Rh TYPE | Positive | | | Microplate Hemagglutination |



Dr. Shobha Emmanuel
M.B.B.S, M.D (Pathology)
Consultant Pathologist



Dr. Priya Murthy
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 **1860 500 7788**
www.apolloclinic.com

| | |
|------------------------------|--|
| Patient Name : Mrs.SHANTHI M | Collected : 21/Feb/2024 08:21AM |
| Age/Gender : 37 Y 8 M 1 D/F | Received : 21/Feb/2024 12:14PM |
| UHID/MR No : CMAR.0000180304 | Reported : 21/Feb/2024 02:32PM |
| Visit ID : CHSROPV301481 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 363793 | |

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-------------------------------|--------|-------|-----------------|------------|
| GLUCOSE, FASTING , NAF PLASMA | 108 | mg/dL | 70-100 | HEXOKINASE |

Comment:

As per American Diabetes Guidelines, 2023

| Fasting Glucose Values in mg/dL | Interpretation |
|---------------------------------|----------------|
| 70-100 mg/dL | Normal |
| 100-125 mg/dL | Prediabetes |
| ≥126 mg/dL | Diabetes |
| <70 mg/dL | Hypoglycemia |

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|-------|-----------------|------------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 119 | mg/dL | 70-140 | HEXOKINASE |

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|-------|-----------------|------------|
| HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA | | | | |
| HBA1C, GLYCATED HEMOGLOBIN | 5.8 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) | 120 | mg/dL | | Calculated |

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

| REFERENCE GROUP | HBA1C % |
|-----------------|-----------|
| NON DIABETIC | <5.7 |
| PREDIABETES | 5.7 – 6.4 |
| DIABETES | ≥ 6.5 |

Page 4 of 15




DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:EDT240019664

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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| | |
|------------------------------|--|
| Patient Name : Mrs.SHANTHI M | Collected : 21/Feb/2024 08:21AM |
| Age/Gender : 37 Y 8 M 1 D/F | Received : 21/Feb/2024 12:14PM |
| UHID/MR No : CMAR.0000180304 | Reported : 21/Feb/2024 02:32PM |
| Visit ID : CHSROPV301481 | Status : Final Report |
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| Emp/Auth/TPA ID : 363793 | |

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

| | |
|------------------------|--------|
| DIABETICS | |
| EXCELLENT CONTROL | 6 – 7 |
| FAIR TO GOOD CONTROL | 7 – 8 |
| UNSATISFACTORY CONTROL | 8 – 10 |
| POOR CONTROL | >10 |

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)




DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:EDT240019664

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| | |
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| Patient Name : Mrs.SHANTHI M | Collected : 21/Feb/2024 08:21AM |
| Age/Gender : 37 Y 8 M 1 D/F | Received : 21/Feb/2024 12:13PM |
| UHID/MR No : CMAR.0000180304 | Reported : 21/Feb/2024 02:31PM |
| Visit ID : CHSROPV301481 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 363793 | |

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

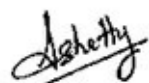
| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------------------|--------|-------|-----------------|-----------------------------|
| LIPID PROFILE , SERUM | | | | |
| TOTAL CHOLESTEROL | 201 | mg/dL | <200 | CHO-POD |
| TRIGLYCERIDES | 102 | mg/dL | <150 | GPO-POD |
| HDL CHOLESTEROL | 52 | mg/dL | 40-60 | Enzymatic Immuno-inhibition |
| NON-HDL CHOLESTEROL | 149 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 129 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 20.4 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 3.87 | | 0-4.97 | Calculated |

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

| | Desirable | Borderline High | High | Very High |
|---------------------|--|-----------------|-----------|-----------|
| TOTAL CHOLESTEROL | < 200 | 200 - 239 | ≥ 240 | |
| TRIGLYCERIDES | <150 | 150 - 199 | 200 - 499 | ≥ 500 |
| LDL | Optimal < 100 Near Optimal 100-129 | 130 - 159 | 160 - 189 | ≥ 190 |
| HDL | ≥ 60 | | | |
| NON-HDL CHOLESTEROL | Optimal <130; Above Optimal 130-159 | 160-189 | 190-219 | >220 |

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



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SIN No:SE04636059

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DEPARTMENT OF BIOCHEMISTRY

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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|-------|-----------------|--------------------|
| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
| BILIRUBIN, TOTAL | 0.54 | mg/dL | 0.3–1.2 | DPD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.08 | mg/dL | <0.2 | DPD |
| BILIRUBIN (INDIRECT) | 0.46 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 13 | U/L | <35 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 19.0 | U/L | <35 | IFCC |
| ALKALINE PHOSPHATASE | 77.00 | U/L | 30-120 | IFCC |
| PROTEIN, TOTAL | 6.93 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.02 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 2.91 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.38 | | 0.9-2.0 | Calculated |

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.




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DEPARTMENT OF BIOCHEMISTRY

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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------------|--------|-----------------|--------------------------|
| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
| CREATININE | 0.79 | mg/dL | 0.51-0.95 | Jaffe's, Method |
| UREA | 15.80 | mg/dL | 17-43 | GLDH, Kinetic Assay |
| BLOOD UREA NITROGEN | 7.4 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 5.28 | mg/dL | 2.6-6.0 | Uricase PAP |
| CALCIUM | 9.40 | mg/dL | 8.8-10.6 | Arsenazo III |
| PHOSPHORUS, INORGANIC | 3.36 | mg/dL | 2.5-4.5 | Phosphomolybdate Complex |
| SODIUM | 136 | mmol/L | 136-146 | ISE (Indirect) |
| POTASSIUM | 4.6 | mmol/L | 3.5-5.1 | ISE (Indirect) |
| CHLORIDE | 104 | mmol/L | 101-109 | ISE (Indirect) |



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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|------|-----------------|--------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 10.00 | U/L | <38 | IFCC |



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------------|--------|-----------------|--------|
| THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM | | | | |
| TRI-iodothyronine (T3, TOTAL) | 1.08 | ng/mL | 0.7-2.04 | CLIA |
| THYROXINE (T4, TOTAL) | 7.71 | µg/dL | 5.48-14.28 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 7.447 | µIU/mL | 0.34-5.60 | CLIA |

Comment:

| For pregnant females | Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association) |
|----------------------|---|
| First trimester | 0.1 - 2.5 |
| Second trimester | 0.2 - 3.0 |
| Third trimester | 0.3 - 3.0 |

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

| TSH | T3 | T4 | FT4 | Conditions |
|-------|------|------|------|---|
| High | Low | Low | Low | Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis |
| High | N | N | N | Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy. |
| N/Low | Low | Low | Low | Secondary and Tertiary Hypothyroidism |
| Low | High | High | High | Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy |
| Low | N | N | N | Subclinical Hyperthyroidism |
| Low | Low | Low | Low | Central Hypothyroidism, Treatment with Hyperthyroidism |
| Low | N | High | High | Thyroiditis, Interfering Antibodies |
| N/Low | High | N | N | T3 Thyrotoxicosis, Non thyroidal causes |
| High | High | High | High | Pituitary Adenoma; TSHoma/Thyrotropinoma |




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DEPARTMENT OF CLINICAL PATHOLOGY

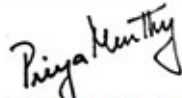
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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|-------------|------|------------------|----------------------------|
| COMPLETE URINE EXAMINATION (CUE) , URINE | | | | |
| PHYSICAL EXAMINATION | | | | |
| COLOUR | PALE YELLOW | | PALE YELLOW | Visual |
| TRANSPARENCY | CLEAR | | CLEAR | Visual |
| pH | 6.0 | | 5-7.5 | DOUBLE INDICATOR |
| SP. GRAVITY | 1.005 | | 1.002-1.030 | Bromothymol Blue |
| BIOCHEMICAL EXAMINATION | | | | |
| URINE PROTEIN | NEGATIVE | | NEGATIVE | PROTEIN ERROR OF INDICATOR |
| GLUCOSE | NEGATIVE | | NEGATIVE | GLUCOSE OXIDASE |
| URINE BILIRUBIN | NEGATIVE | | NEGATIVE | AZO COUPLING REACTION |
| URINE KETONES (RANDOM) | NEGATIVE | | NEGATIVE | SODIUM NITRO PRUSSIDE |
| UROBILINOGEN | NORMAL | | NORMAL | MODIFIED EHRlich REACTION |
| BLOOD | NEGATIVE | | NEGATIVE | Peroxidase |
| NITRITE | NEGATIVE | | NEGATIVE | Diazotization |
| LEUCOCYTE ESTERASE | NEGATIVE | | NEGATIVE | LEUCOCYTE ESTERASE |
| CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY | | | | |
| PUS CELLS | 1-2 | /hpf | 0-5 | Microscopy |
| EPITHELIAL CELLS | 2-3 | /hpf | <10 | MICROSCOPY |
| RBC | NIL | /hpf | 0-2 | MICROSCOPY |
| CASTS | NIL | | 0-2 Hyaline Cast | MICROSCOPY |
| CRYSTALS | ABSENT | | ABSENT | MICROSCOPY |

Page 13 of 15



Dr. Shobha Emmanuel
M.B.B.S, M.D (Pathology)
Consultant Pathologist



Dr. Priya Murthy
M.B.B.S, M.D (Pathology)
Consultant Pathologist



SIN No: UR2287418

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Neeladri Nagar, Electronic city, Bengaluru,
Karnataka - 560034

 1860 500 7788
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| | |
|------------------------------|--|
| Patient Name : Mrs.SHANTHI M | Collected : 21/Feb/2024 08:20AM |
| Age/Gender : 37 Y 8 M 1 D/F | Received : 21/Feb/2024 01:00PM |
| UHID/MR No : CMAR.0000180304 | Reported : 21/Feb/2024 01:21PM |
| Visit ID : CHSROPV301481 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 363793 | |

DEPARTMENT OF CLINICAL PATHOLOGY

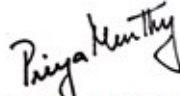
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------------------|----------|------|-----------------|----------|
| URINE GLUCOSE(POST PRANDIAL) | NEGATIVE | | NEGATIVE | Dipstick |

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------------|----------|------|-----------------|----------|
| URINE GLUCOSE(FASTING) | NEGATIVE | | NEGATIVE | Dipstick |



Dr.Shobha Emmanuel
M.B.B.S,M.D(Pathology)
Consultant Pathologist



Dr Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No:UF010647

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

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Neeladri Nagar, Electronic city, Bengaluru,
Karnataka- 560034

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| | |
|------------------------------|--|
| Patient Name : Mrs.SHANTHI M | Collected : 21/Feb/2024 07:10PM |
| Age/Gender : 37 Y 8 M 1 D/F | Received : 23/Feb/2024 11:19AM |
| UHID/MR No : CMAR.0000180304 | Reported : 24/Feb/2024 09:40AM |
| Visit ID : CHSROPV301481 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 363793 | |

DEPARTMENT OF CYTOLOGY

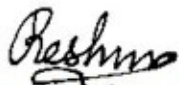
LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

| | | |
|------------|----------------------------------|--|
| | CYTOLOGY NO. | 3738/24 |
| I | SPECIMEN | |
| a | SPECIMEN ADEQUACY | ADEQUATE |
| b | SPECIMEN TYPE | LIQUID-BASED PREPARATION (LBC) |
| | SPECIMEN NATURE/SOURCE | CERVICAL SMEAR |
| c | ENDOCERVICAL-TRANSFORMATION ZONE | ABSENT |
| d | COMMENTS | SATISFACTORY FOR EVALUATION |
| II | MICROSCOPY | Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/ malignancy. |
| III | RESULT | |
| a | EPITHEIAL CELL | |
| | SQUAMOUS CELL ABNORMALITIES | NOT SEEN |
| | GLANDULAR CELL ABNORMALITIES | NOT SEEN |
| b | ORGANISM | NIL |
| IV | INTERPRETATION | NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY |

Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



Dr. Reshma Stanly
M.B.B.S,DNB(Pathology)
Consultant Pathologist

SIN No:CS074870

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

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Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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